

10/20/2017 10:53:33 AM

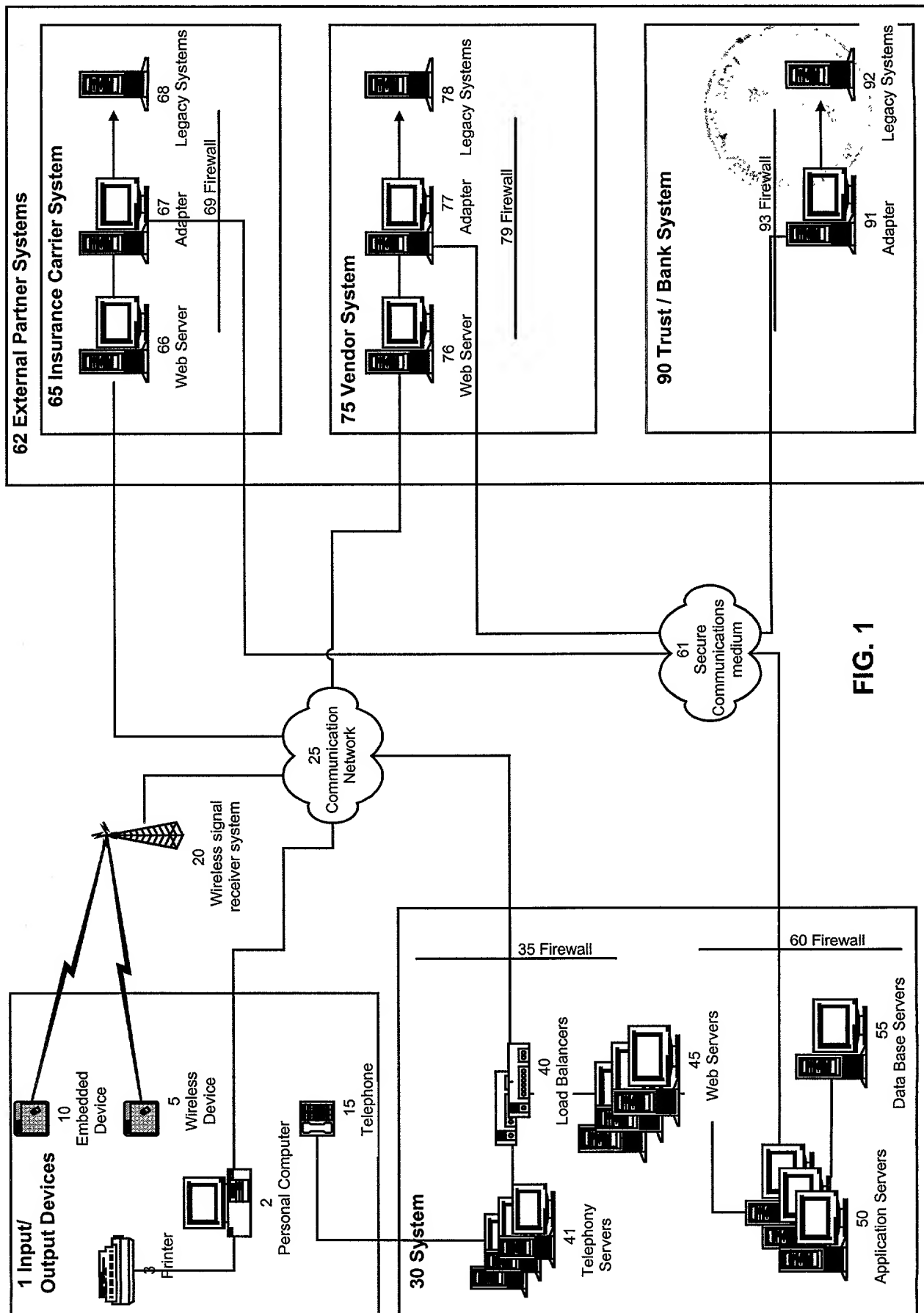


FIG. 1

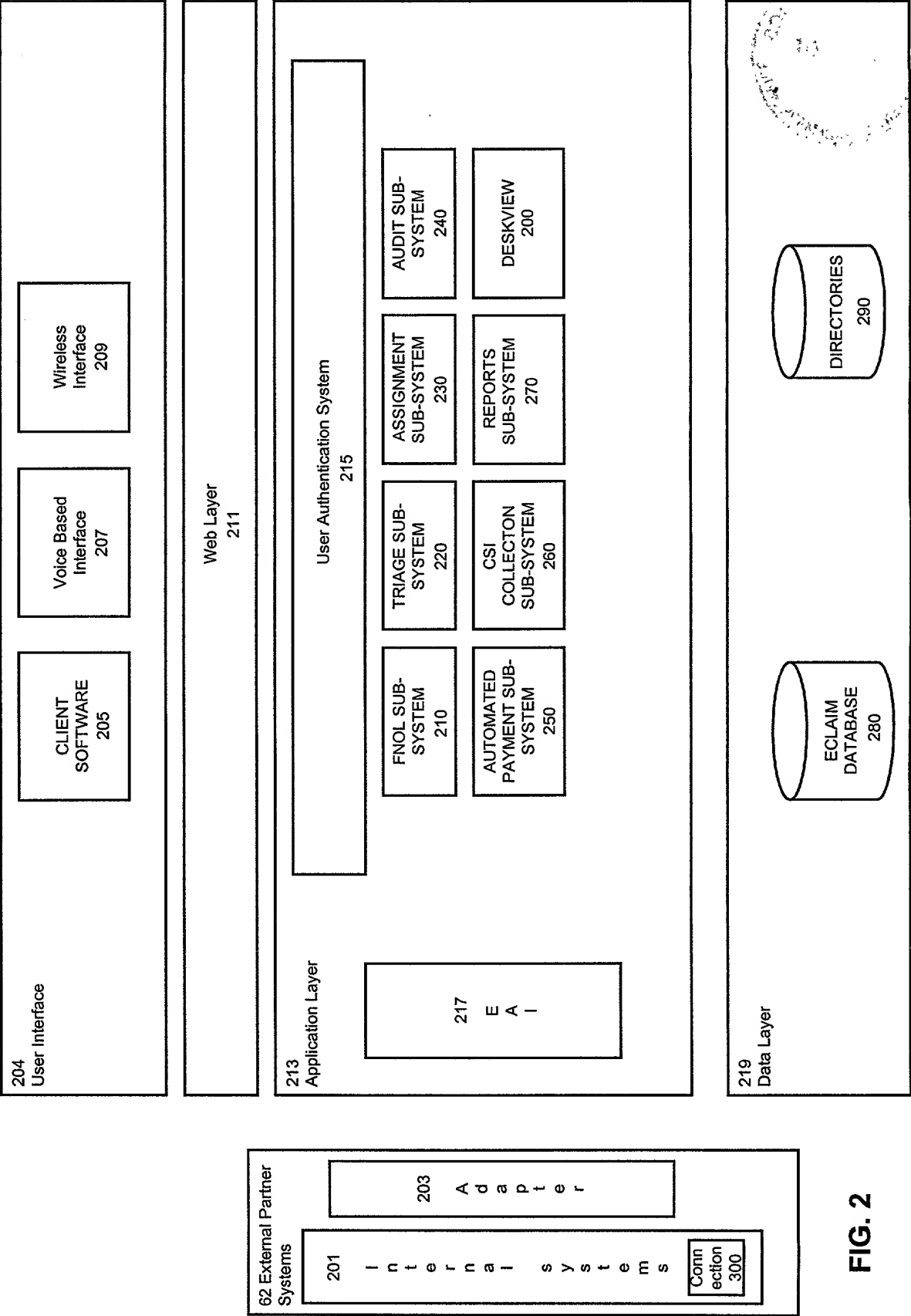


FIG. 2

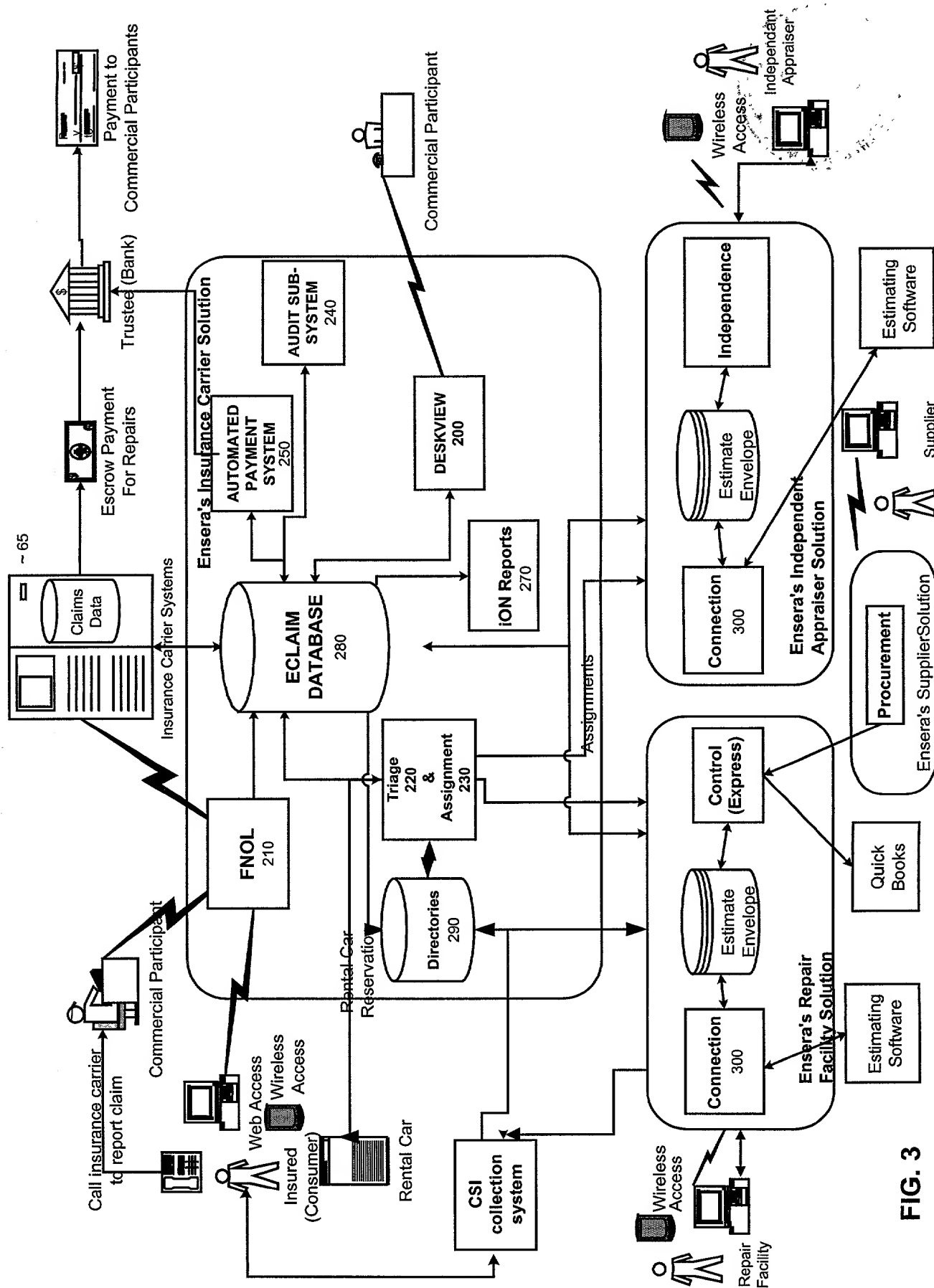


FIG. 3

22606-05797

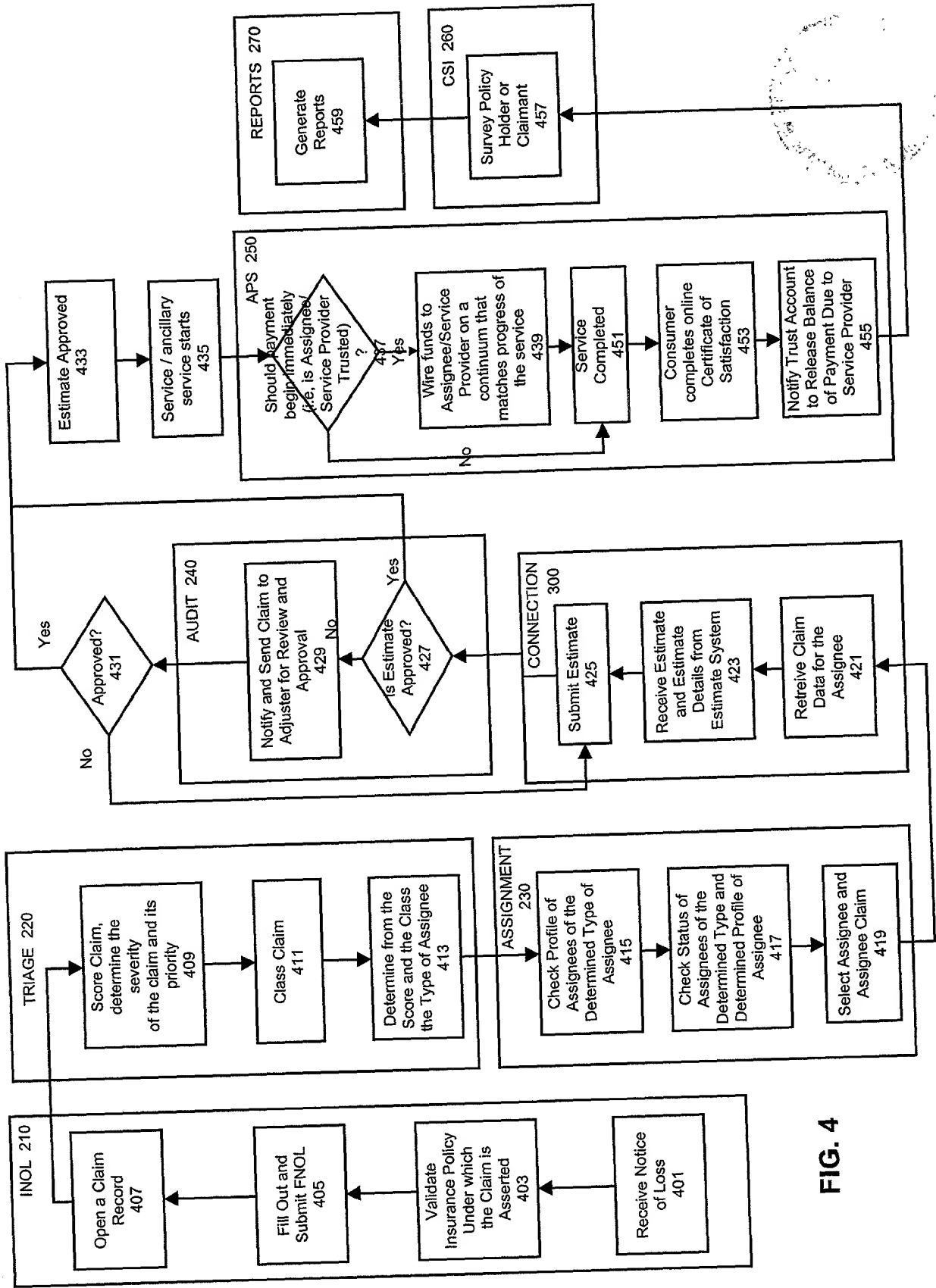


FIG. 4

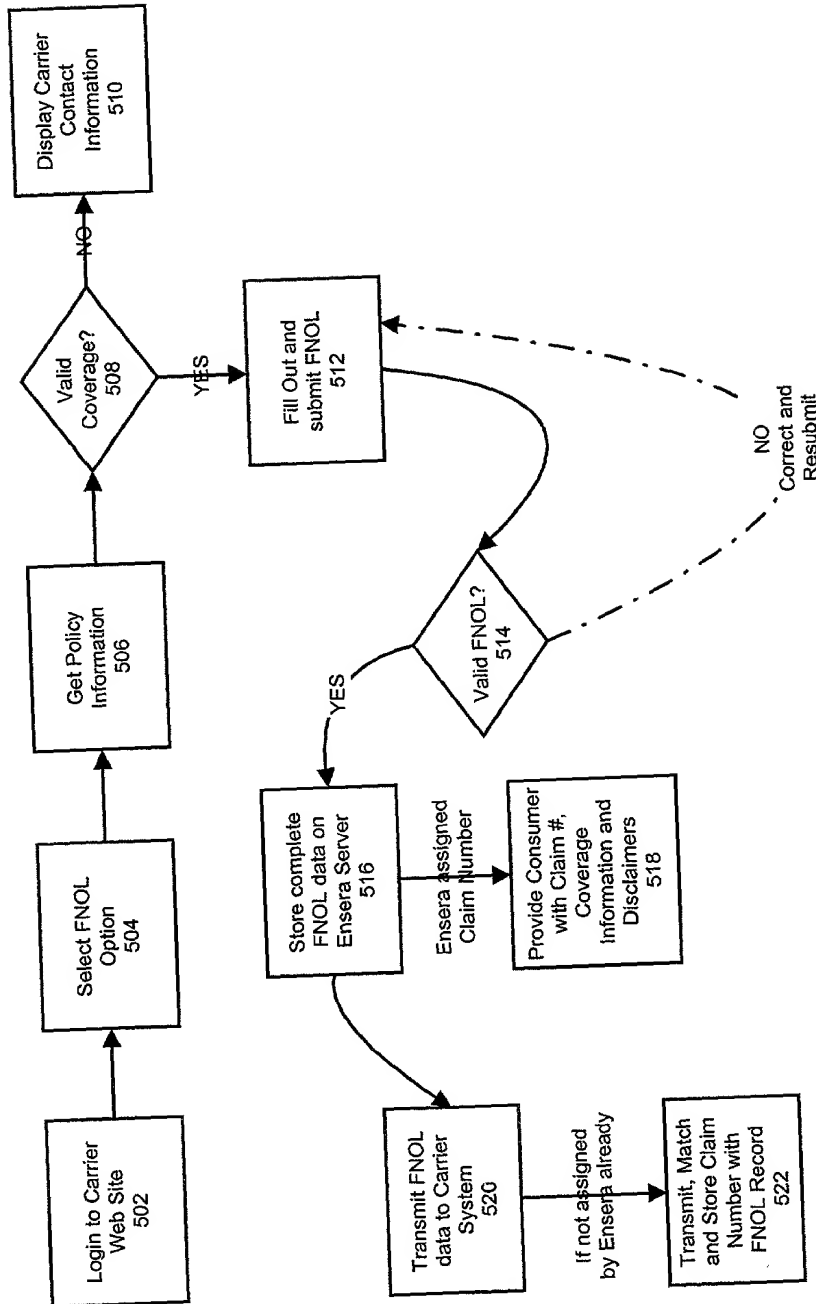


FIG. 5A.

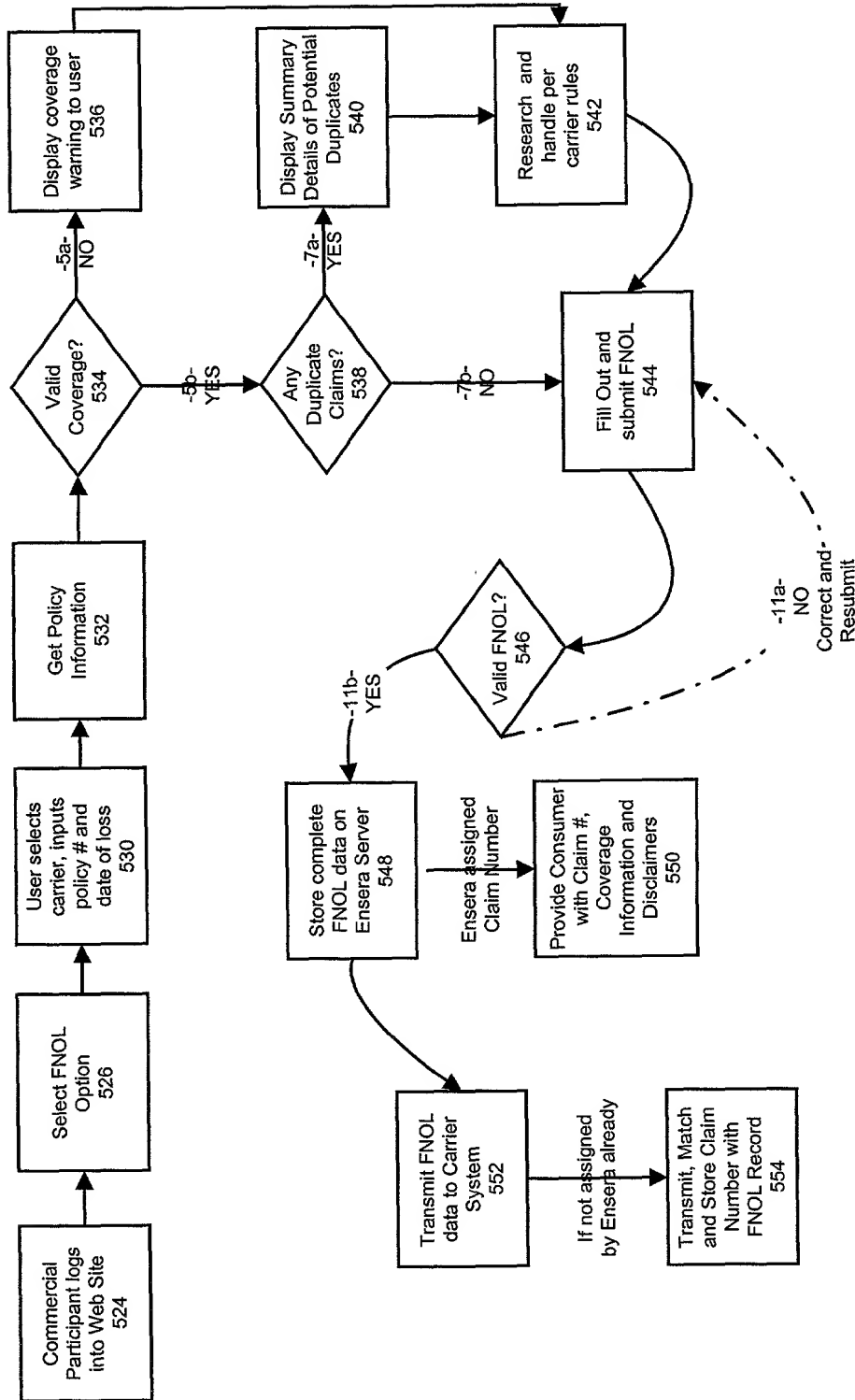


FIG. 5B.

202411092260

Fields
<Loss>

<LocationOfAccident>
<DamageToVehicle>
<LossDescription>
<NamedInsuredVehicleOperator>
 <LastName>
 <FirstName>
 <MiddleName>
<ReportNumber>
<PoliceReportNumber>
<DateOfLoss>
<TimeOfLoss>
<WereThereWitnesses>
<HaveAttorney>
<WereThereInjuries>
<HowManyVehiclesInvolved>
<WeatherConditions>

<VehicleInformation>

<ModelYear>
<Manufacturer>
<Model>
<Color>
<VehicleIdentificationNumber>
<LossPayee> vehicle

<Repair Facility>

<SelectRepairFacility>
<RepairFacilityInformation>
 <Name>
 <Addr>
 <City>
 <StateProv>
 <PostalCode>
 <CommunicationNumber>
 <RepairFacilityPhone>

<Insured>

<PersonInformation>
 <LastName>
 <FirstName>
 <MiddleName>
 <SocialSecurityNumber> Password
<AddressInformation>
 <Addr1>
 <Addr2>
 <City>
 <StateProv>
 <PostalCode>
 <Country>
 <Email>

(phone # will be accepted if customer has no e-mail)
 <CommunicationNumber>
 <ContactPhone>

<Damage to Property of Others>

<WasItAVehicle>
<DamageTo>
<NumberOfPassengers>
<DamageDescription>
<OtherCarrierInformation>
<VehicleInformation>
 <ModelYear>
 <Manufacturer>
 <Model>
 <Color>
 <VIN>
 <LicensePlateNumber>
 <Description of Damage>

(Description available for multiple vehicles)

<Injuries>

(Fields below will be available for each injured person)

<Injured>

<RelationToInsured>
<Description & Extent Of Injury>
<MedicalProvider>
<AmbulanceNeeded>
<PersonInformation>
 <LastName>
 <FirstName>
 <MiddleName>
<AddressInformation>
 <Addr1>
 <Addr2>
 <City>
 <StateProv>
 <PostalCode>
 <Country>
<CommunicationNumber>
 <ContactPhone>

(Description available for multiple injuries)

<Witnesses>

<Witness>

<PersonInformation>
 <LastName>
 <FirstName>
 <MiddleName>
<AddressInformation>
 <Addr1>
 <Addr2>
 <City>
 <StateProv>
 <PostalCode>
 <Country>
<CommunicationNumber>
 <ContactPhone>

(Description available for multiple witnesses)

<Your Passenger Information>

<Passenger>

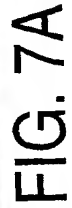
<PersonInformation>
 <LastName>
 <FirstName>
 <MiddleName>
<AddressInformation>
 <Addr1>
 <Addr2>
 <City>
 <StateProv>
 <PostalCode>
 <Country>
<CommunicationNumber>
 <ContactPhone>

<Attorney>

<AttorneyInformation>

<WhoDoesTheAttorneyRepresent>
 <Firm Name>
 <LastName>
 <FirstName>
 <MiddleName>
<AddressInformation>
 <Addr1>
 <Addr2>
 <City>
 <StateProv>
 <PostalCode>
 <Country>
<CommunicationNumber>
 <ContactPhone>

FIG. 6



Chen, Y. H., & Chen, Y. H. (2000). The effects of the 1997 Asian financial crisis on the export performance of Chinese firms. *Journal of International Business Studies*, 31(1), 11-24.

Please indicate the damage this vehicle has sustained.

Light: Scratched and/or slightly dented

Medium: Significantly dented, could include slight structural damage

Heavy: Significant structural damage

	Front		<input type="checkbox"/> All over
	None		<input type="checkbox"/> Engine
Left front		None	<input type="checkbox"/> Interior
None		Right front	<input type="checkbox"/> Airbag
Top		None	<input type="checkbox"/> Fire
None		Right side	<input type="checkbox"/> Wheel
Left side		None	<input type="checkbox"/> Other
None		Underside	
Left rear		None	
None		Right rear	
Rear			
None			

FIG. 8

09323604 120701

10/20/2014 10:53:26 AM

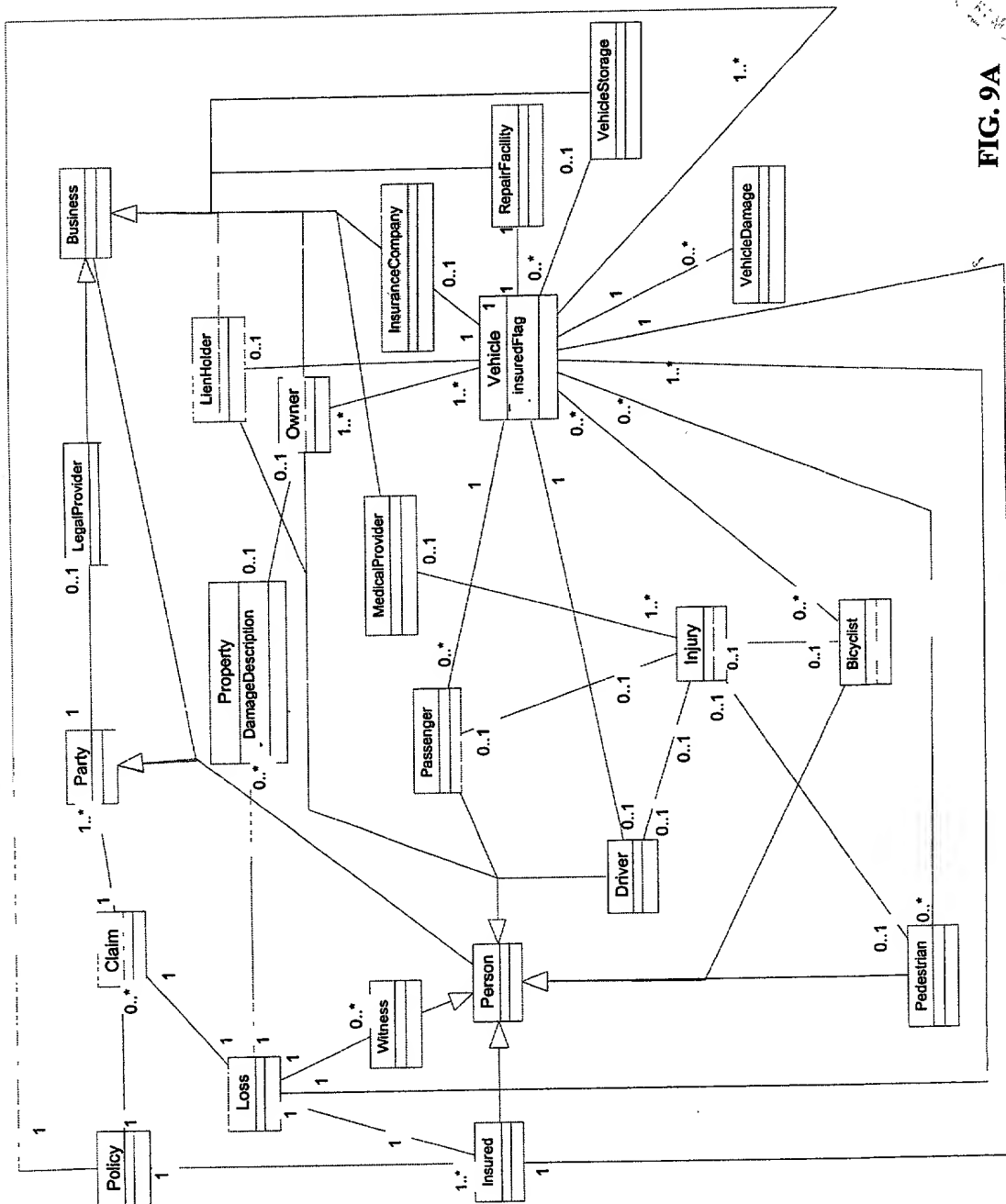


FIG. 9A

Claim	Loss	Policy	Coverage	Party
Claim Number	Date of Loss	Policy Type	Coverage type	Party type
	Time of Loss	Policy Name	Coverage amount	
	Weather Condition	Coverage begin date	Coverage deductible	
	Loss Type	Coverage end date		
	Loss Location	Policy period #		
	Loss Description			
	# Vehicles Involved			
	Anyone Injured?			
	Any law enforcement?			
	Law enforcement name			
	Report #			
	Any witnesses?			
	Any pedestrians?			

Individual	Business	Vehicle	Property
First Name	Business Name	Year	Owner Name
Middle Name	Tax ID Number	Make	Property Description
Last Name	Contact Name	Model	Address
Date of Birth	Contact Info	VIN	Phone
Social Security #	Reference Type	Color	email
Gender	Reference Number	Mileage	
Marital Status	Address	Lienholder	
DL State	Phone	Any/Other Insurance	
DL #	email	License plate State	
Address		License plate number	
Phone		Driver	
email		Passenger	
Injured?		Owner	
Deceased?			

Address	Phone	email	Injury	Vehicle Damage	Property Damage
Type	Type	email address	Type of Medical	Drivable?	Livable?
Street 1	Number		Amount of Medical	Damage location	Description
Street 2			Injury description	Damage severity	Contractor chosen?
City			Medications	RF Chosen?	Contractor Information
State			Body Part	RF Information	Estimate provided?
Zip			Type of Injury	Estimate provided?	Estimate amount
County				Estimate amount	
Country					

FIG. 9B

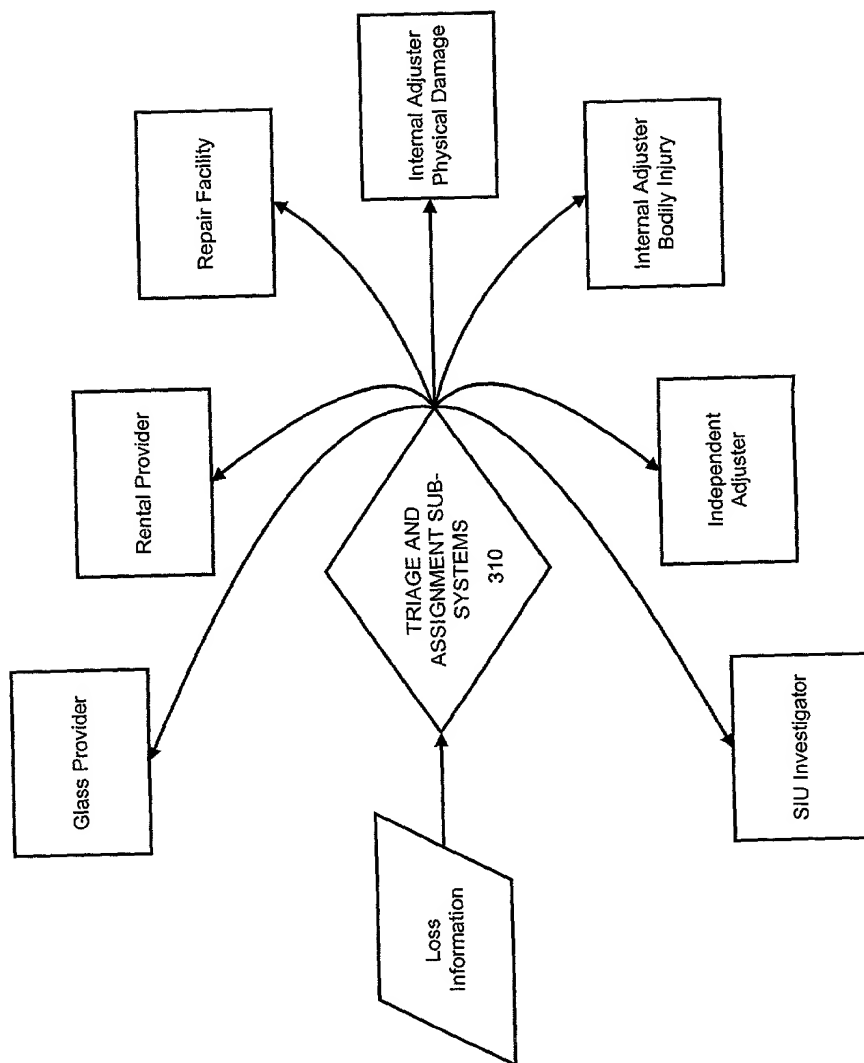


FIG. 10

10/2021 10992860

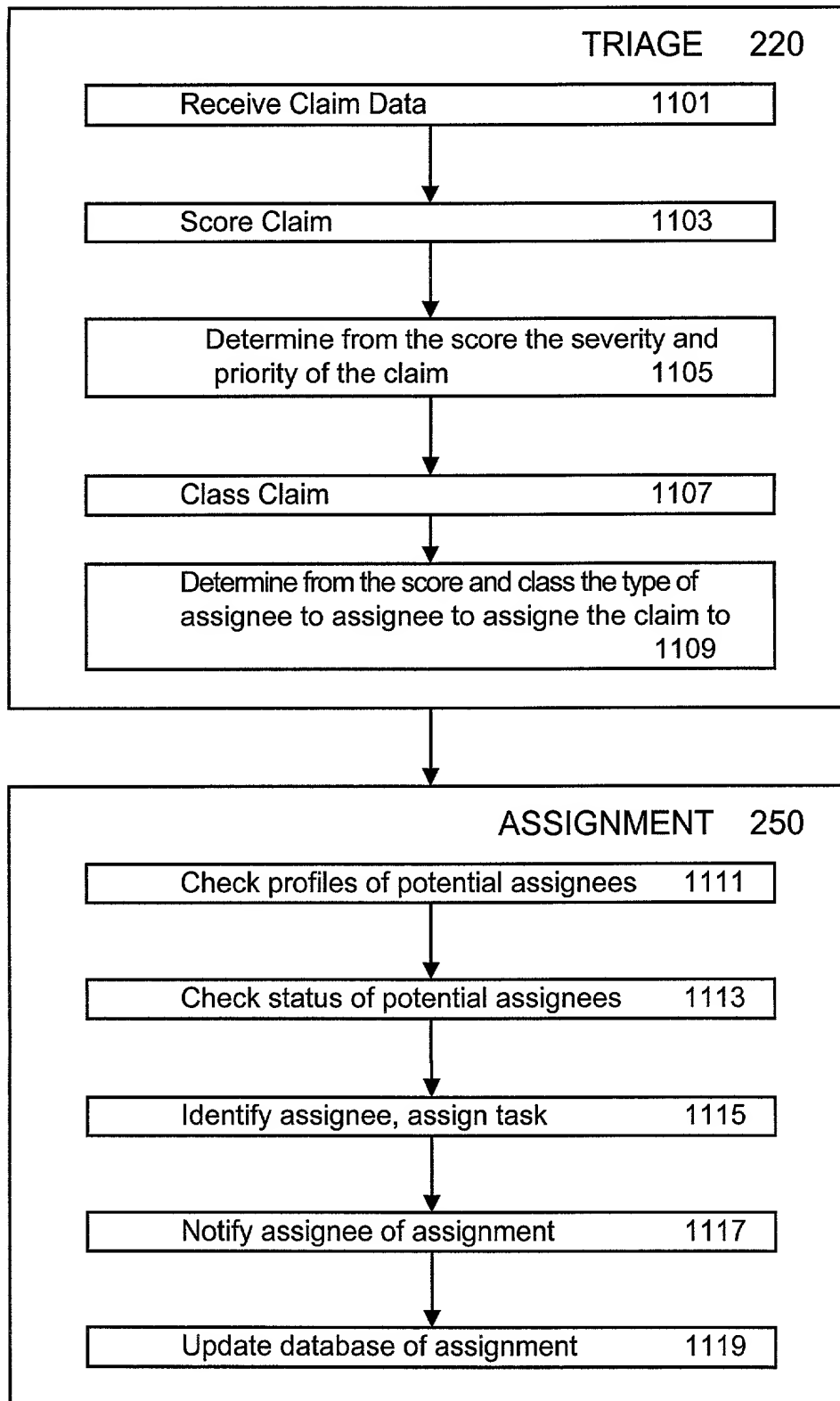


FIG. 11

ensera_resources Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Forward Stop Refresh Home Search

Links

Address C:\Documents and Settings\mmagel\Desktop\FFIC 1-19-01\FFIC demo 3\claim_search.htm Go

Deskview Directories System Administration Help Close

Claim number Date of Loss Jan 2000
Insured Name Adjuster ID 1234
Claimant Name Status Open only
Policy Number search

Date of Loss	Insured	Claimant	Claim #	Policy #	Date of Last Activity
10/1/00	Bob Dylan	Tom Rush Carole King	213-13-359478	6457631	10/2/00
10/1/00	Swanson Perkins	Swanson Perkins Steve Johnson	356-35-633245	3563245	10/2/00
10/2/00	Patrick Sorensen	Patrick Sorensen Ravindikertum	343-43-363787	8584345	10/4/00
10/5/00	Carlos Vidal	Carlos Vidal	232-12-409865	8712346	10/7/00
10/6/00	Tracy Mentzler	Tracy Mentzler	232-24-367867	098770	10/14/00

Done My Computer

FIG. 12A

Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Forward Stop Refresh Home Search Favorites History Mail

Links

Address C:\Documents and Settings\mmagel\Desktop\FFIC 1-19-01\FFIC demo 3\dv_frame.htm Go

Deskview Directories System Administration Help Close

Claim ID: 213-13-359478
Policy 5603-1246
Vehicles
1997 Blue Honda Accord
Bob Dylan
Tom Rush
1999 Ford Mustang
Carole King
Unknown
Property
Stop sign
Other parties
Tom Mitchell

Claim ID: 213-13-359478 for Bob Dylan: DOL 1/1/2001

Actions: [ASSIGN APPRAISAL](#) [RETURN TO LIST](#)

Insured vehicle

Make: Honda	Model: Accord	Year: 1997	Color: Blue
License plate: 4356-SR4		State: CA	Mileage:
VIN: 12345ASDV-5345345D			

Drivable YES

Engine damage NO

Interior damage: NO

Air bag deployed: YES

Fire damage: NO

Tire damage: YES

Damage description: Damage to the front bumper, front grill, left front

Damages Areas:

Left front	Medium
Front	Medium
Underside	Light

Done My Computer

FIG. 12B

200801140952260

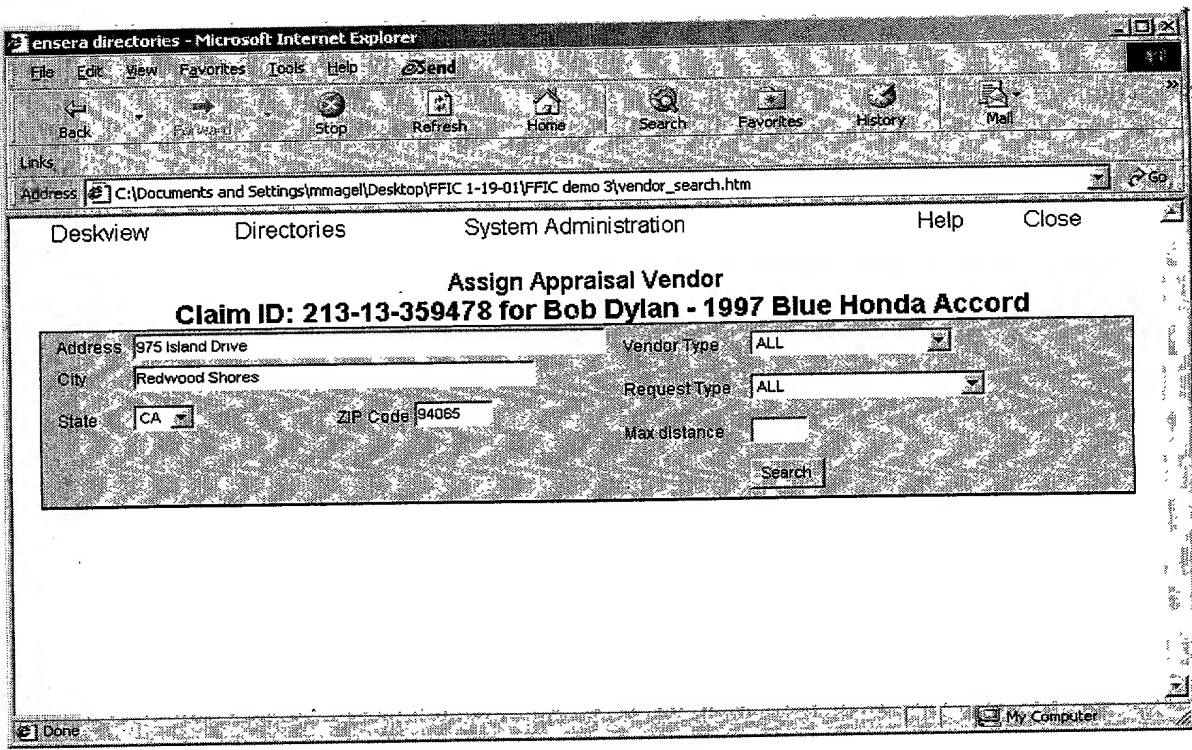


FIG. 12C

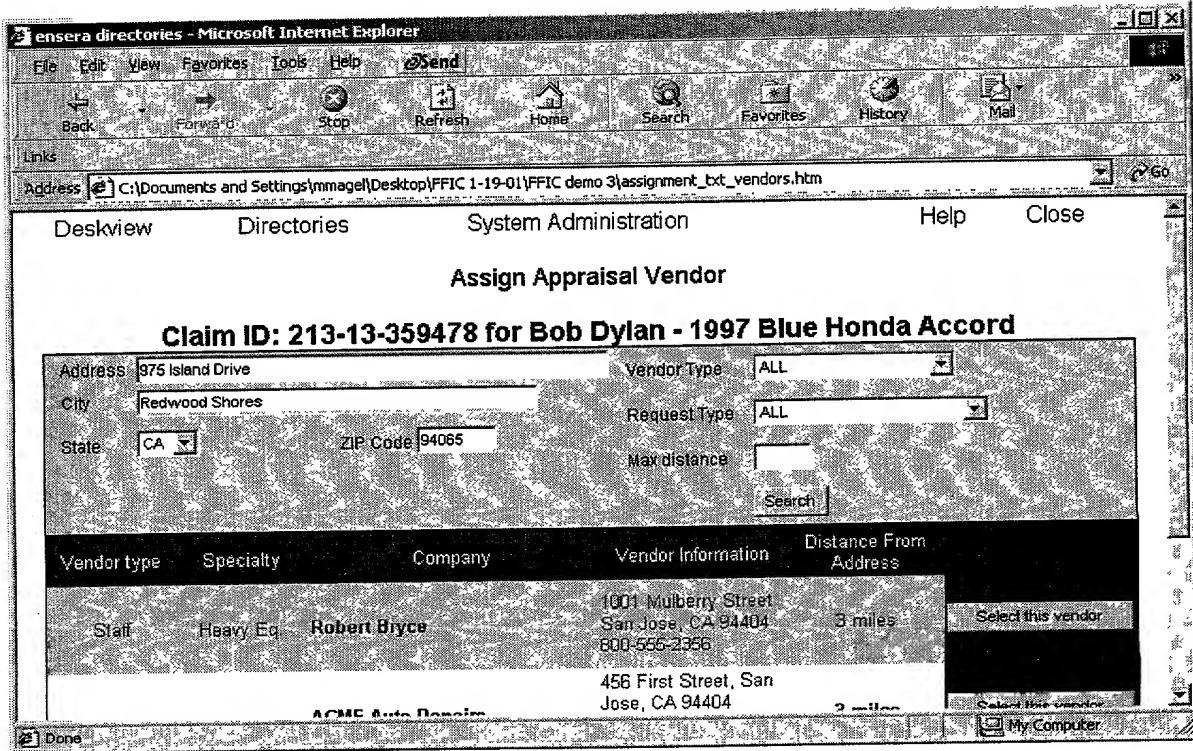


FIG. 12D

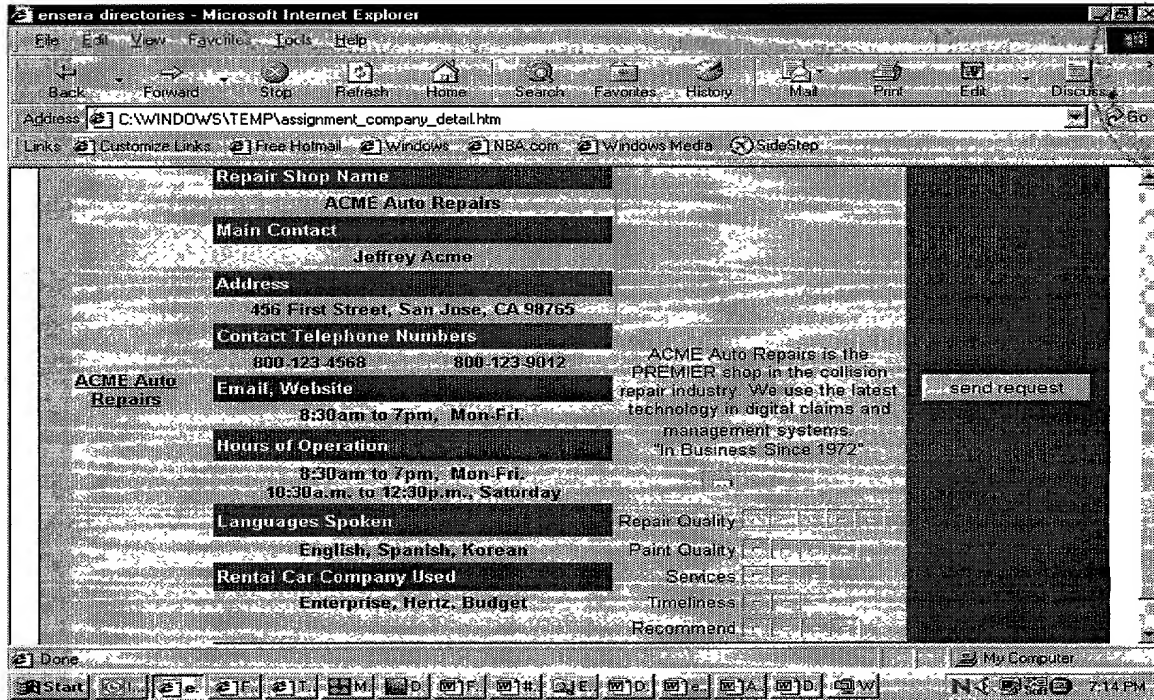


FIG. 12E

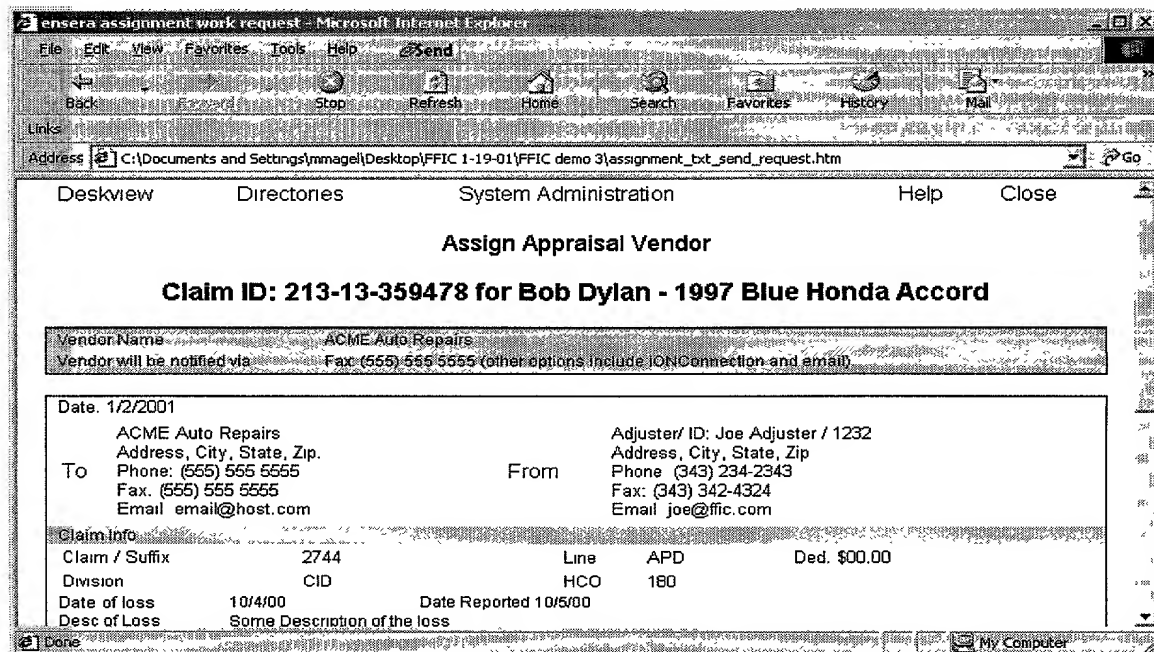


FIG. 12F

Field NAMES	Format	DATA LEVEL	Description
Claim number	###-##-####	CLAIM	Aco-yr-claim#
Insured name	ALPHA NUM	CLAIMS SUFFIX	
HCO	### = 3 DIGITS	CLAIM	ID FOR HANDLING CLAIM OFFICE
Status	X = ONE LETTER	SUFFIX	o=open, c=closed; p=pending, r=reopened
Rep / CA	XXX = ALPHA NUMERIC	SUFFIX	representative or claims assist assigned to suffix - REASSIGNED
SUP		SUFFIX	ID ADJUSTER OR SIU ON REASSIGNED CLAIM
RECEIVE DATE	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =REPORT DATE
DATE OF LOSS	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =DOL
DATE OF MAKE UP	Cc/YY/MM/DD	SUFFIX	8 DIGIT =FIRST RESERVE
ACCIDENT LOCATION -CITY	ONE FIELD	CLAIM	AT LEAST 20 BYTES
STATE	TWO DIGIT ALPHA	CLAIM	2 BYTES
SUFFIX - SX	XXX =3 DIGIT NUMERIC	SUFFIX	ID'S CLAIM SEGMENT/COVERAGE
LINE ABBREVIATION	5 BYTES	SUFFIX	COL=COLLISION; APD=THIRD PARTY; AOC=COMPREHENSIVE/RENTAL
CLAIMANT / OBLIGEE	ONE FIELD - 30 BYTES	SUFFIX	
ADDRESS -CLMNT	ONE FIELD - 30 BYTES	SUFFIX	
CITY - CLMNT	ONE FIELD - 30 BYTES	SUFFIX	
STATE-CLMNT	TWO DIGIT	SUFFIX	STATE CLAIMANT RESIDES
ZIP CODE	##### 9 BYTES	SUFFIX	STD PLUS 4 FORMAT
AC - AREA CODE -CLMNT	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-CLMNT	#####	SUFFIX	STANDARD
ATTORNEY	ONE FIELD - 25 BYTES	SUFFIX	
DEDUCTIBLE AMOUNT	ONE FIELD - 7 BYTES	SUFFIX	
AC - AREA CODE -ATTRNY	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-ATTRNY	#####	SUFFIX	STANDARD
PLAINTIFFS	ONE FIELD - 25 BYTES	SUFFIX	STANDARD
FIRM/BUSINESS			
DESCRIPTION OF LOSS	2 SECTIONS - 45 BYTES	CLAIM	ALPHA NUMERIC
POLICY NUMBER	XXX-XXXXXXX 11 BYTES ALPHA NUMERIC	CLAIM	3 CHAR PREFIX, 8 DIGIT POL. #
EFFECTIVE DATE	Cc/YY/MM/DD	CLAIM	8 char
EXPIRATION DATE	Cc/YY/MM/DD	CLAIM	8char
VEHICLE MAKE	10 BYTES ALPHA NUMERIC	CLAIM	
VEHICLE MODEL	10 BYTES ALPHA NUMERIC	CLAIM	
AUTO NUMBER	XX= TWO DIGITS	CLAIM	NUMBER OF INSURED VEHICEL AS SHOWN ON POLICY
AUTO YEAR	XX= TWO DIGITS	CLAIM	YEAR INSURED VEHICLE WAS INVOLVED IN A LOSS
VEHICLE MODEL YEAR		CLAIM	
INSIDE APPRAISER	XXX= 3 CHARACTER	CLAIM	ID'S INHOUSE FFIC APPRAISER
VEHICLE ID NUMBER -VIN	17 CHARACTERS ALPHA NUMERIC	CLAIM	MFG UNIQUELY ID'S VEHICLE
OUTSIDE APPRAISER	20 BYTES	SUFFIX	NAME OF OUTSIDE APPRAISAL FIRM
DATE SUFFIX CLOSED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DATE SUFFIX REOPENED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DEDCUTBLE INDICATOR	X= ONE CHARACTER	CLAIM	ID;'S WHETHER DED APPLIES TO CLAIM
DATE CLAIM CLOSED	Cc/YY/MM/DD	CLAIM	CLOSED AT CLAIM LEVEL
IRS NUMBER	10 DIGITS ###-##-#### (#)	suffix	SOCIAL SECURITY OR TAX ID # FOR PERSON RECEIVING PAYMENT
Invoice Number	10 digits	suffix	Internal number if intending to pay claim

FIG. 13

098256044-130701

Header

Transaction ID: *(a unique identifier of this transaction. Use ACTIVITY_ID from ACTIVITY_LOG)*

(Title of document): *Appraisal Assignment Transmittal*

(Date of document): *01/01/2001*

Assignment type: *2 (this is a code value - ASSIGNMENT_TYPE_CV)*

Assignment type description: *CLASS shop appraisal (translation of type above)*

Assignment (to)

Assignee ID: *(the directory id for this service provider - SERVICE_PROVIDER_ID)*

ION Connection ID: *(the unique ID used for iON Connection - ION_CONNECTION_NUMBER)*

Assignee name: *ACME Auto Repair*

Address: *350 Wooster Ave*

City: *San Jose*

State: *CA*

ZIP: *95116*

Phone: *800-555-1111*

Fax: *408-965-7224*

E-mail: *acmeauto@mymail.com*

Adjuster (from)

Adjuster name (first last): *David Crosby*

Address: *777 San Marin Drive*

City: *Novato*

State: *CA*

ZIP: *94998*

Phone: *650-333-3434*

Fax: *415.899.4321*

E-mail: *dcrosby@carrier.com*

Adjuster ID: *213 F 823*

Request

(This is a short paragraph description the type of request and the how it should be handled. This paragraph along with the instruction - see below - will come from a new table which will be accessed by carrier id & assignment type)

This assignment is not a confirmation of coverage or acceptance of liability. Payment responsibility remains with the vehicle owner unless otherwise confirmed . . .

Additional comment

(This is an area for notes specific to this assignment not covered in other fields. This is optional -- OTHER_COMMENT from ASSIGNMENT.)

Instructions

(This is a list of completion instructions. This will list several steps that need to be done to complete this assignment. See notes in Request above.

Probably 5 steps. Carry as 10 different fields - each with length of 50)

- 1. Provide vehicle owner with copy . . .*
- 2. Fax the completed Fax transmittal / status sheet, estimate . . .*
- 3. Fax a copy of the estimate only to . . .*
- 4. Unless we receive a Direction of Pay authorization . . .*
- 5. Mail the original estimate and photos to the claims office . . .*

CCC ID: *(a code that identifies FFIC to CCC for a total loss valuation. The id is different for each state. This may not be necessary.*

Claim information

Claim / Suffix #: *213-13-359478 001*

HCO: *640*

Date of loss: *01/01/2001*

Date reported: *01/01/2001*

Policy number: *1111111*

Deductible amount: *\$250*

Description of loss: *While driving down route 4, the car in front of me stopped short in the middle of the street. My car struck the rear of his car causing damage to my front end, including the hood and only minor damage to his rear bumper*

Insured name (first last): *Bob Dylan*

Vehicle owner information

Vehicle owner (first last): *Bob Dylan*

Address: *975 Island Drive*

City: *Redwood Shores*

State: *CA*

ZIP: *94065*

Phone 1: *work: 650.472.2600*

Phone 2: *home: 650.472.9876*

Vehicle information

Location: *at Zappa's Autobody & Repair*

Location Address:

Location City: *Santa Angeles*

State: *CA*

ZIP:

Location phone:

Year: *1997*

Make: *Honda*

Model: *Accord*

License: *4356-SR4*

Color: *Blue*

VIN: *12345ASDV-5345345D*

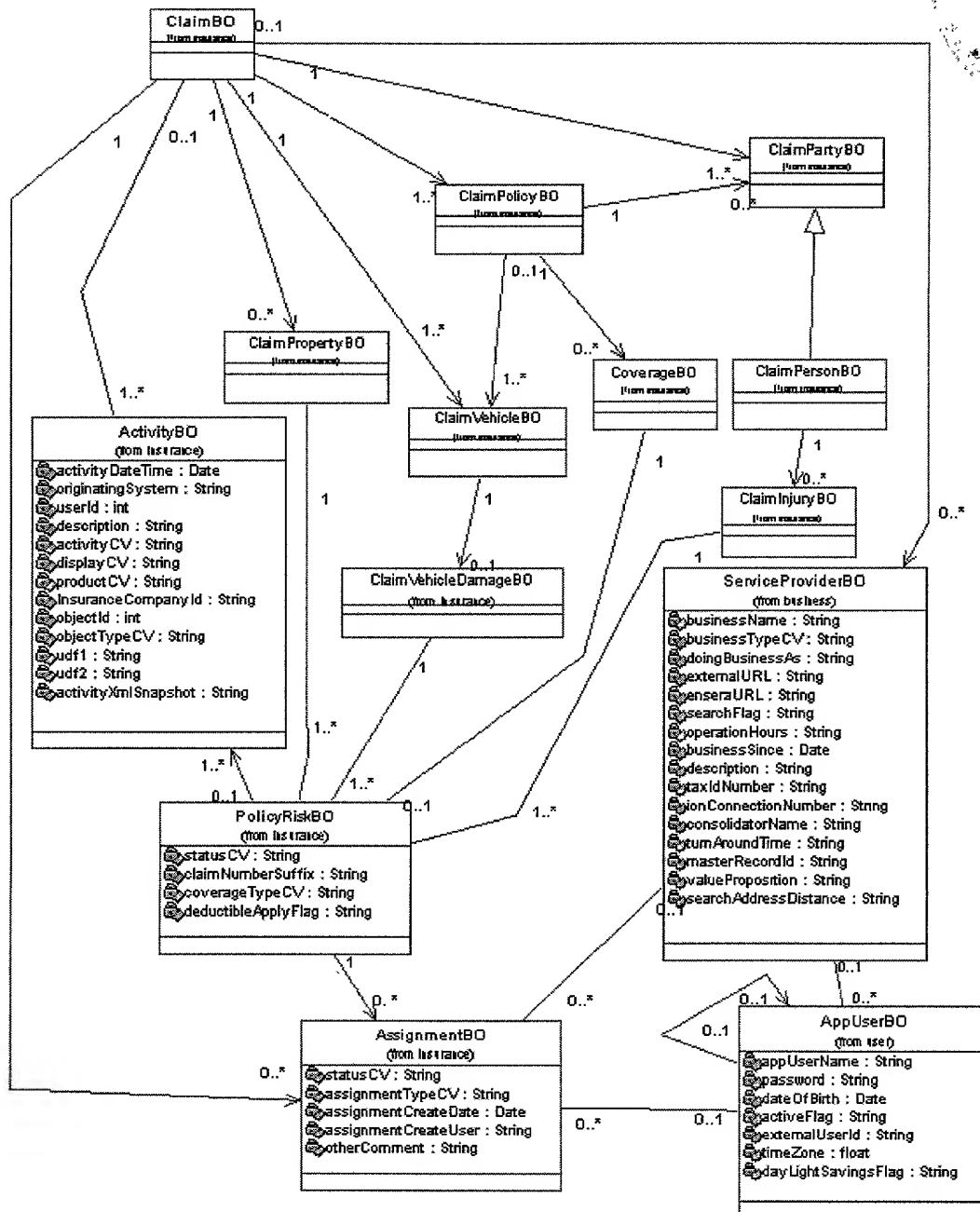
Description of damage: *Damage to the front bumper, front grill, left front light, and to the hood.*

Prior damage: *None reported*

Drivable: *Yes*

FIG. 14

09823604 120701



104021 40952860

ION Connection

File Edit Inbox Claim Folder Image Tools Communication Status Parts Shop Center Help

IONconnection

8 Claim Images

Claim Folders

File	Transfer	Transferred on	Claim No.	DOL	Owner First	Owner Last	Year	M
1	<input checked="" type="checkbox"/>	02/05/01	TY-0118371		Robert	Mason	1992	Hom
2	<input type="checkbox"/>	03/12/01	AA-456789	02/02/01	Polly	Anna	1998	Chev
3	<input type="checkbox"/>	03/01/01	2246820837-01	01/27/01	RODNEY J	TORREZ	99	CHE
4	<input type="checkbox"/>	03/07/01	2246833327-01	05/09/00	RHONDA	CARD	97	HYU
5	<input type="checkbox"/>	03/12/01	2246839795-01	05/16/00	PATRICIA Y	TOWNSEND	93	CHE
6	<input type="checkbox"/>	03/21/01	ZZ554-TY		Denna	Davidson	1999	Toy
7	<input type="checkbox"/>				FORD MOTI	AMERICAN RC	00	LINC
8	<input type="checkbox"/>		4823833243-02	05/14/00	MARY IDA	BUSH	98	NISS
9	<input type="checkbox"/>			03/15/01	FORD MOTI	AMERICAN RC	00	LINC
10	<input type="checkbox"/>	03/21/01	ABCDEFG	03/14/01	Whoopie	Goldberg	1999	BMW
11	<input type="checkbox"/>	03/21/01	2246828525-02	05/04/00	BRIAN	EDMONDSON	98	ISUZ

Search File

Claim No TY-0118371

Owner Robert Mason

Insured Robert Mason

Policy VIN 2HCEH12368NH533

Adjuster Ben Smith

Appraiser

YR 1992

DOL

Make Honda

Model Civic

Sender Ching Demo S

Remarks Sample Record

New Save Undo Edit Tag All Tag Selected Form

File No

Agent

NUM 104021

3/29/01

8 Claim Folder Images

0 Inbox Images Selected

FIG. 16

10/02/01 10:55:28.60

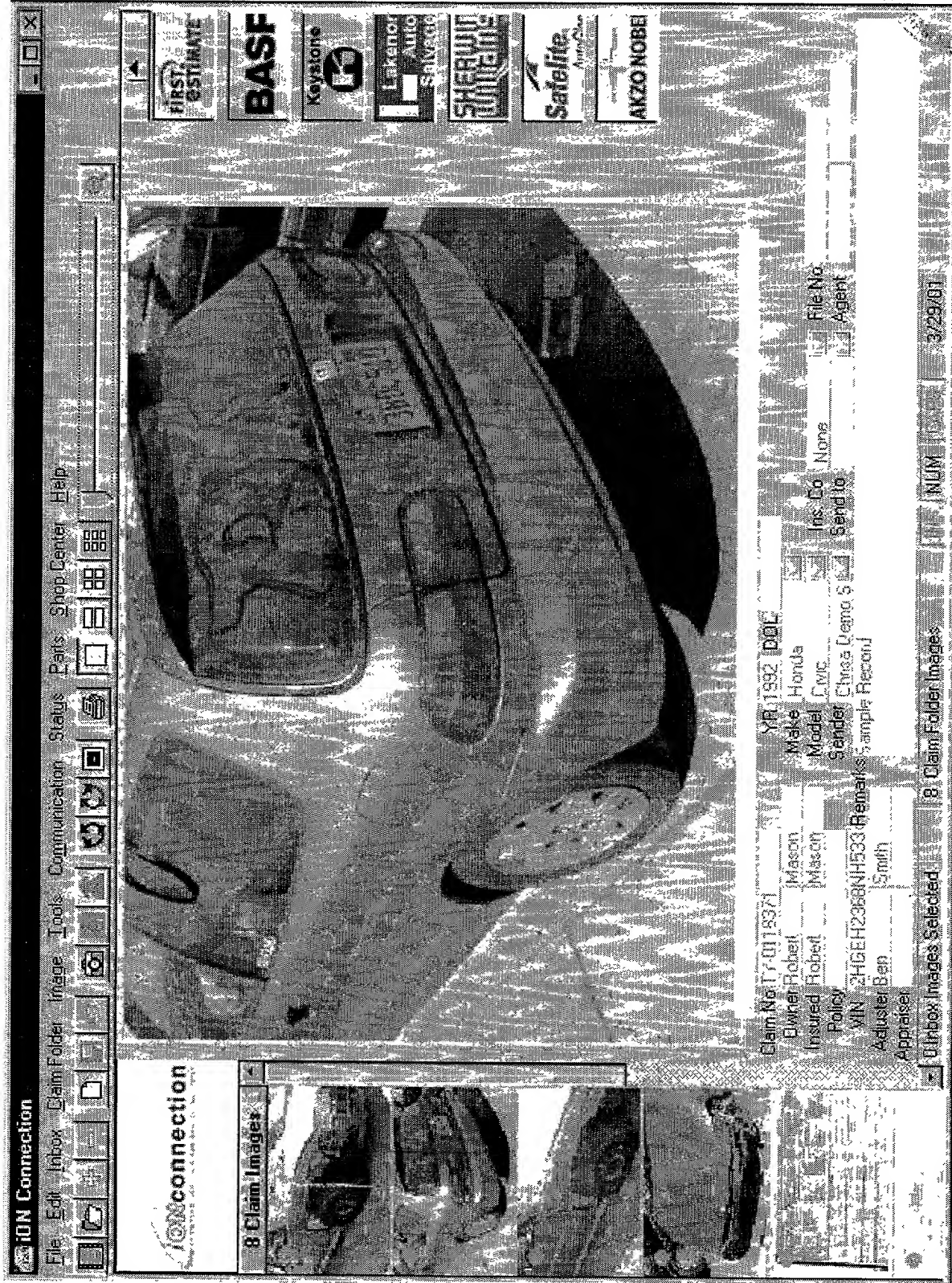


FIG. 17

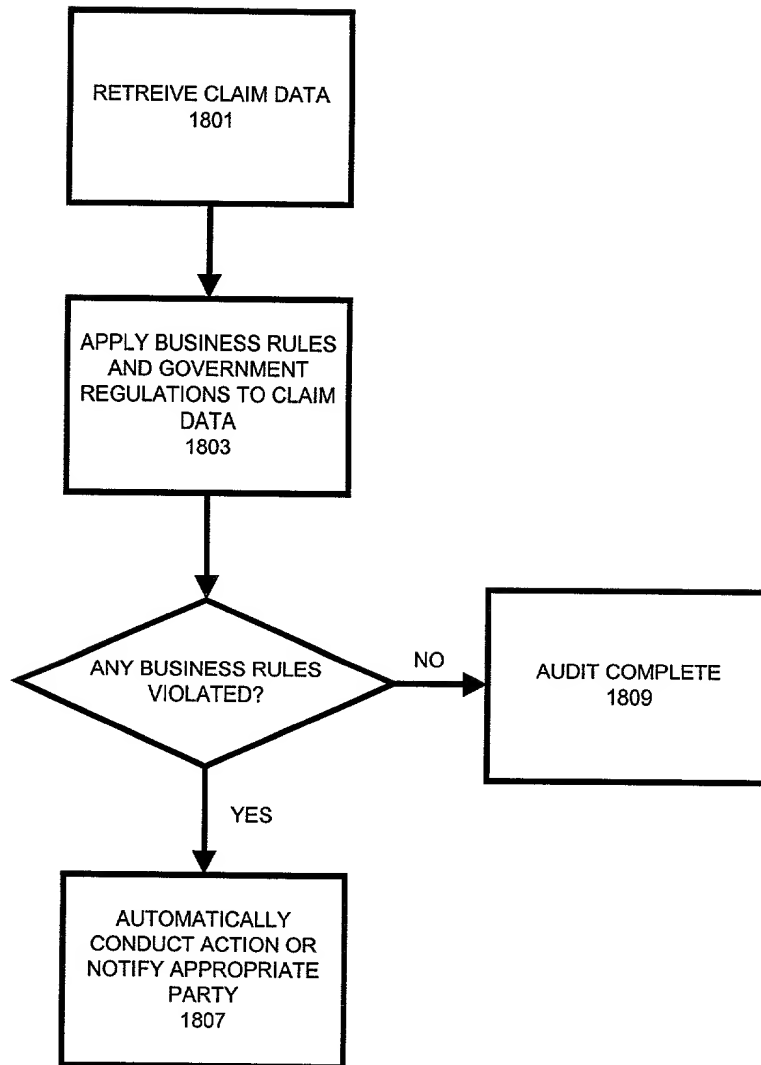


FIG. 18

202504120704

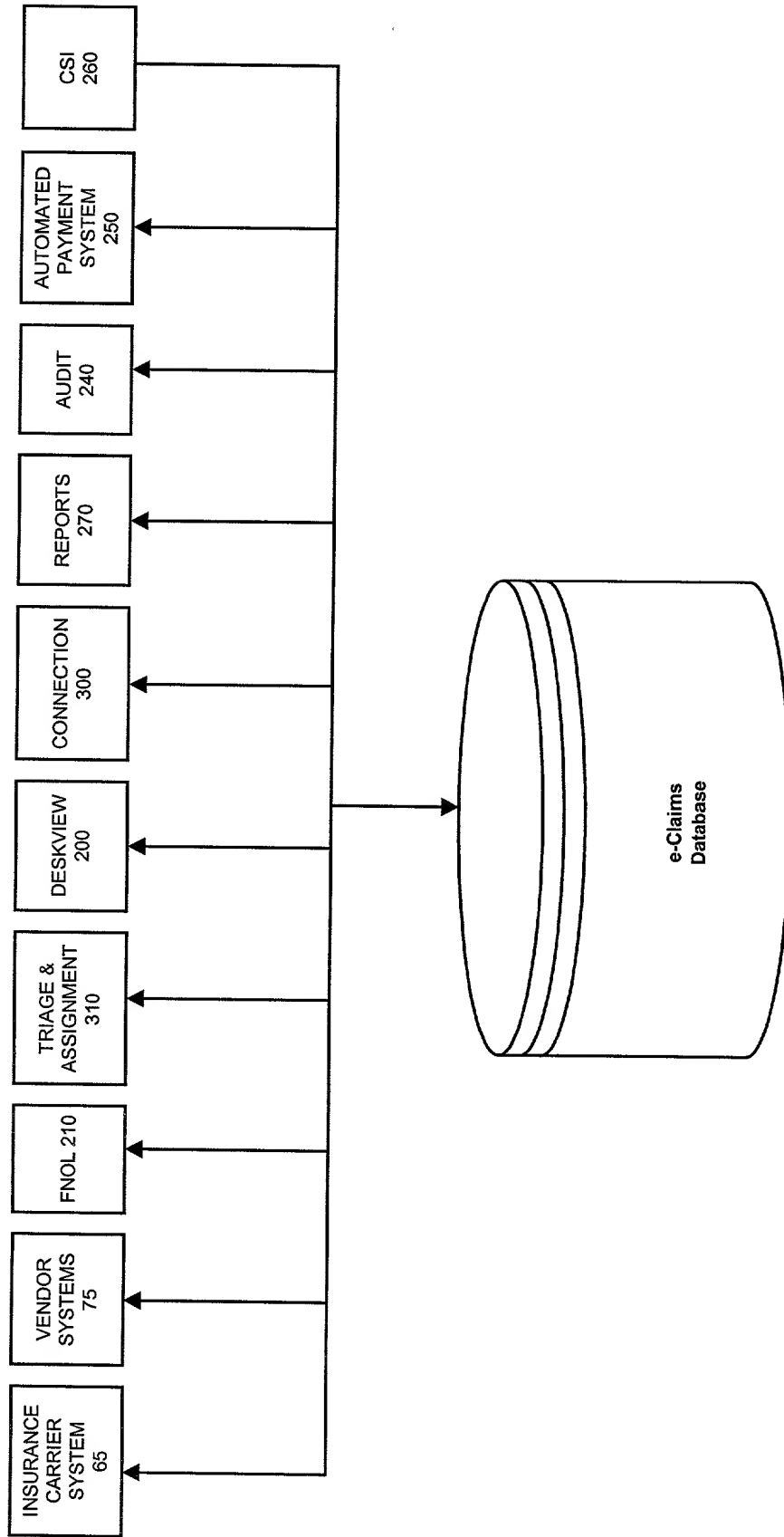


FIG. 19

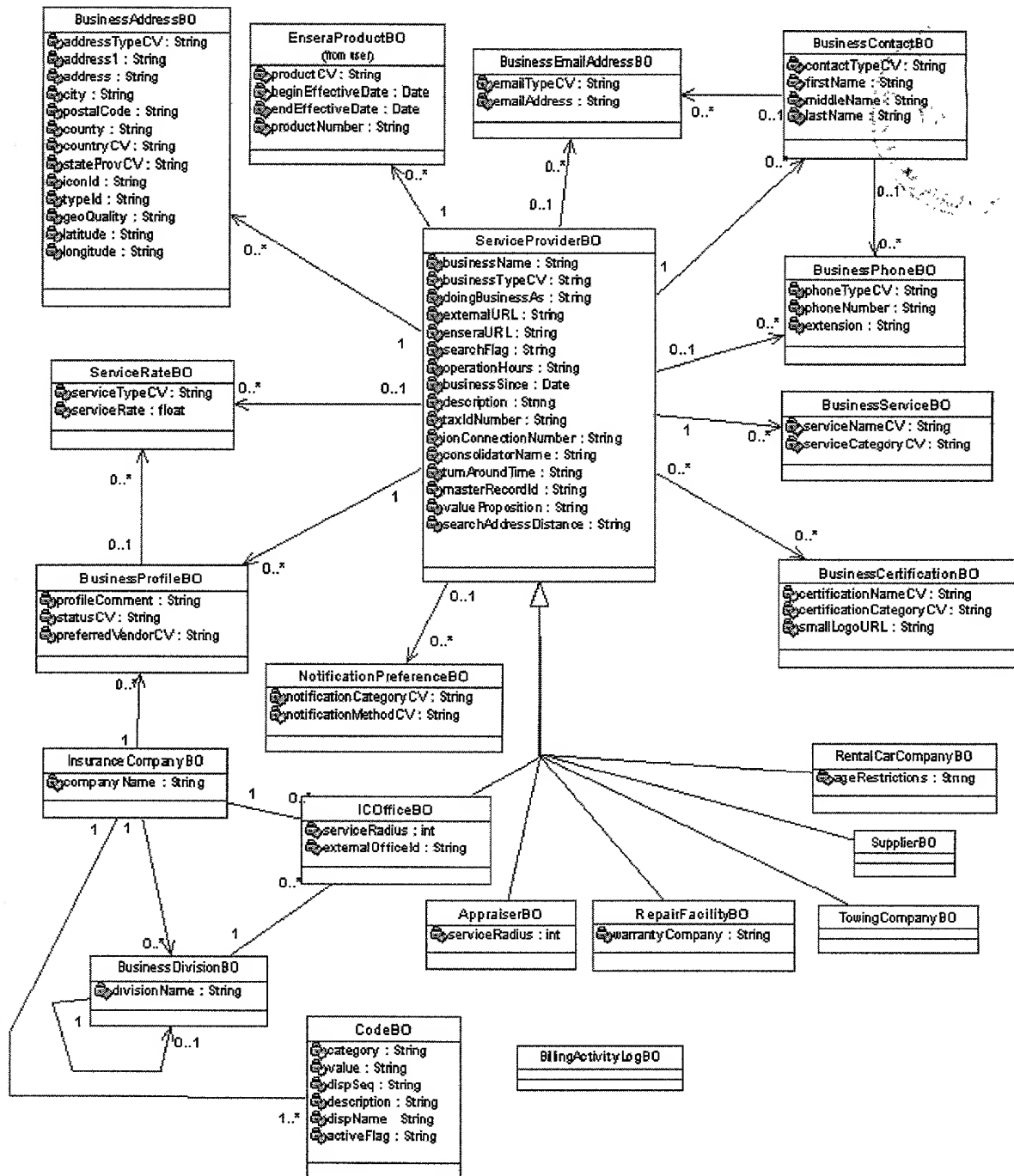


FIG. 21

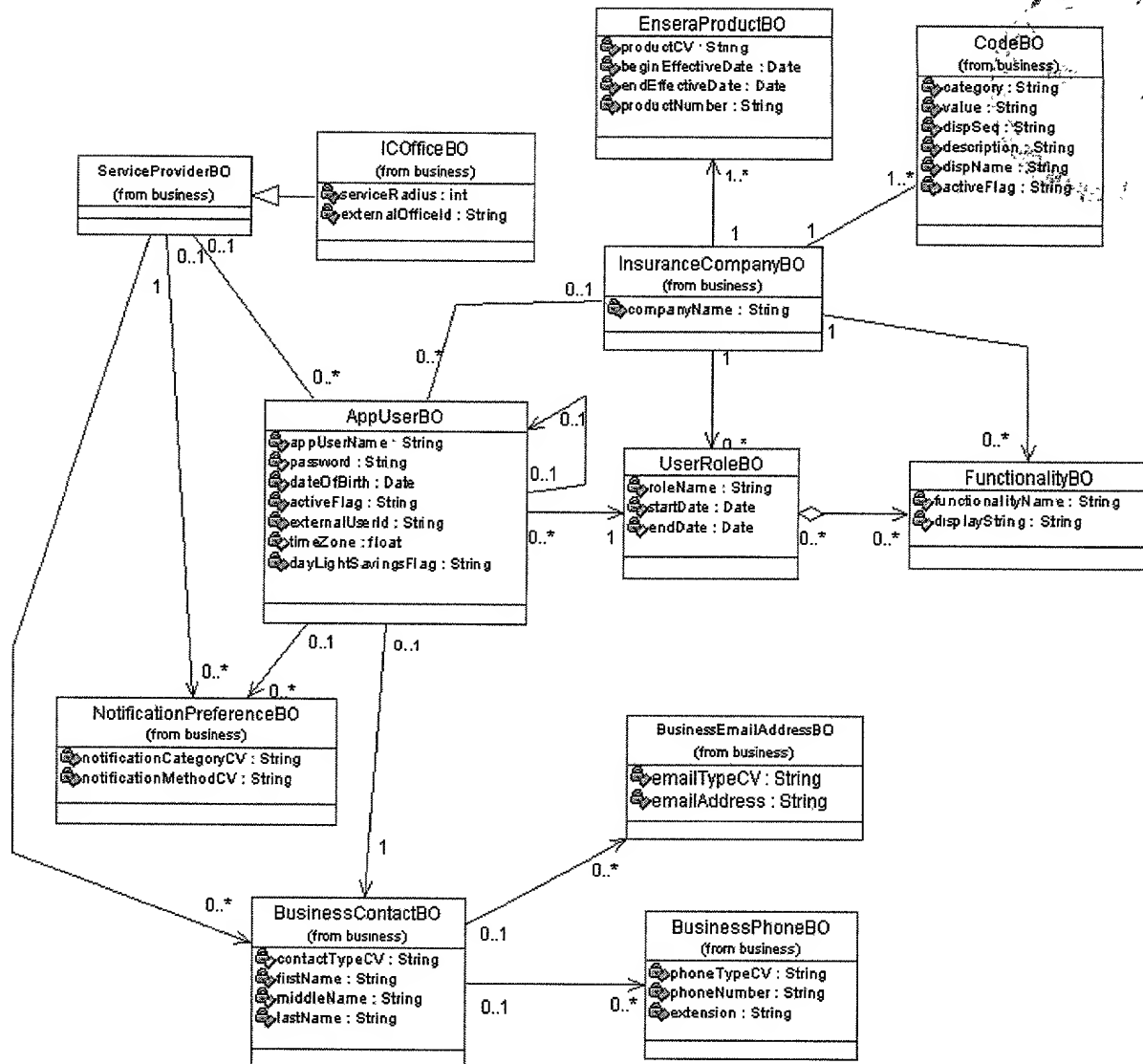


FIG. 22

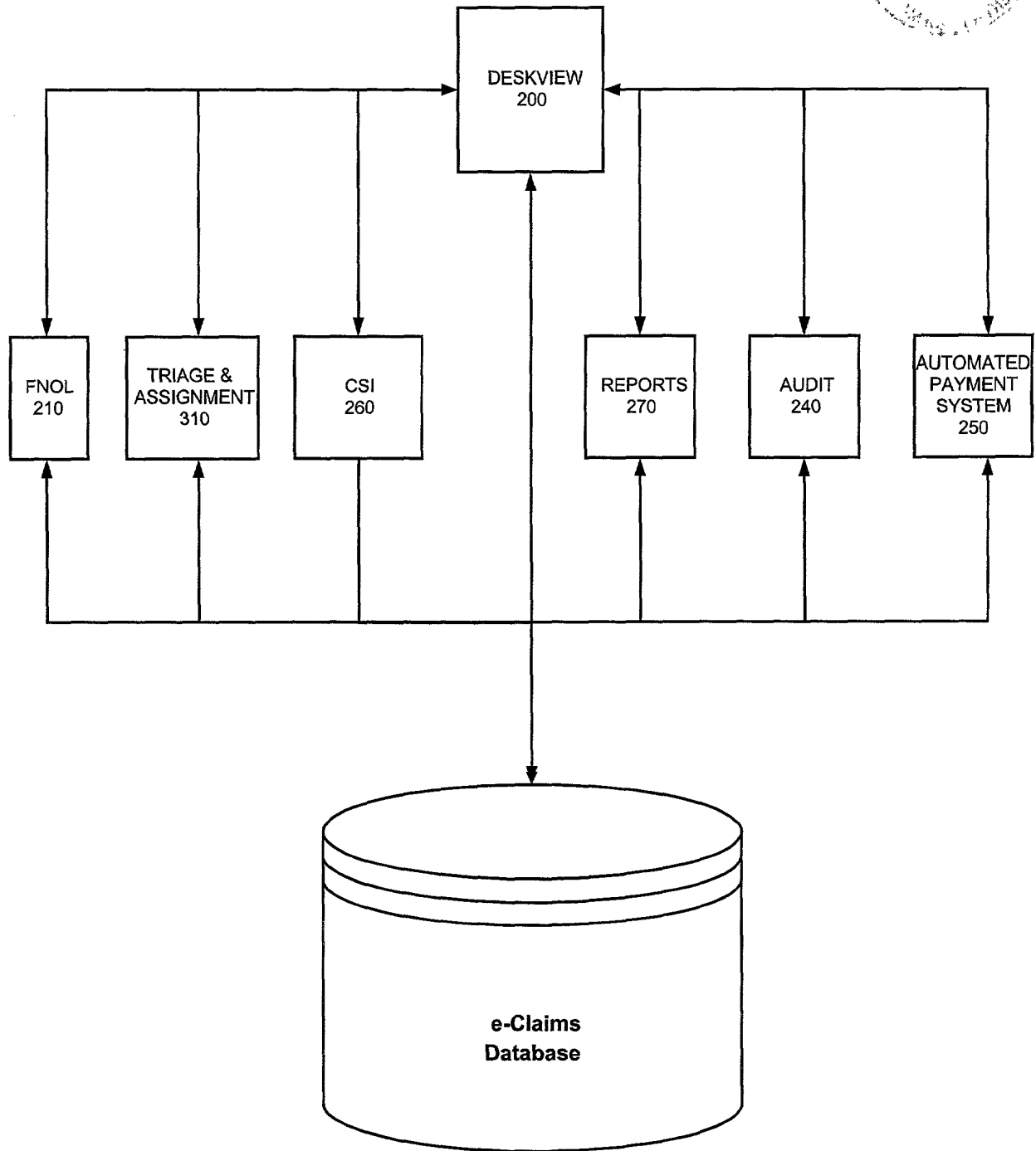


FIG. 23

INSURANCE - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Stop Refresh Home Search Favorites History Print Edit Discuss

Address http://H:\Engine\Car/Center Info - Firms Fund\Navigation\Flow\Latest gray\test\edit_vehicle1.htm

Edit Vehicle: 1997 Blue Honda Accord

Actions [BACK](#)

Insured vehicle
Suffix: 01

Make	Honda
Model	Accord
Year	1997
Color	Blue
License plate	4356-SR4
State	CA
Mileage	
VIN	12345ASDV-5345345D
Damage description	
Location of vehicle	
City	Santa Angeles
State	CA
ZIP Code	

FIG. 24A

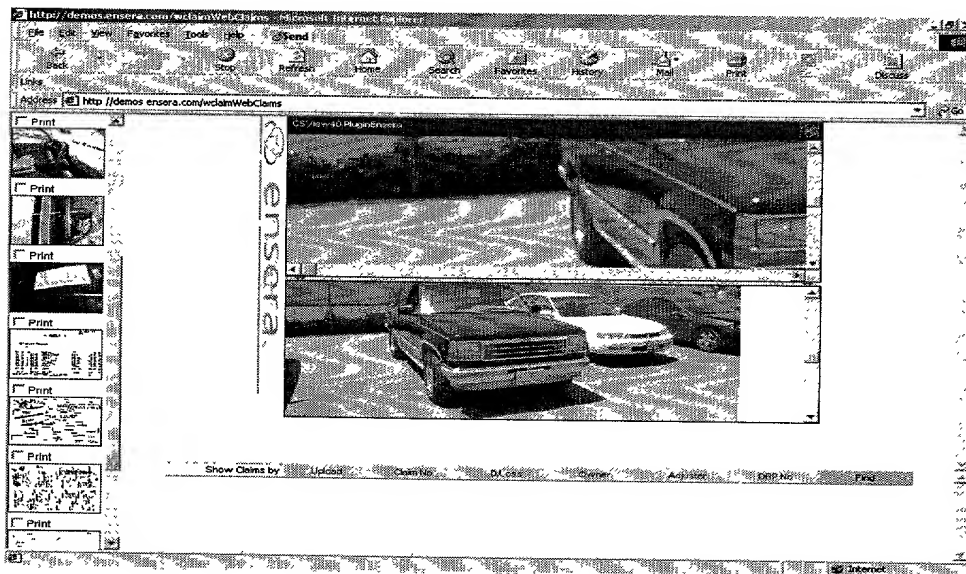


FIG. 24B

1070221-40952860

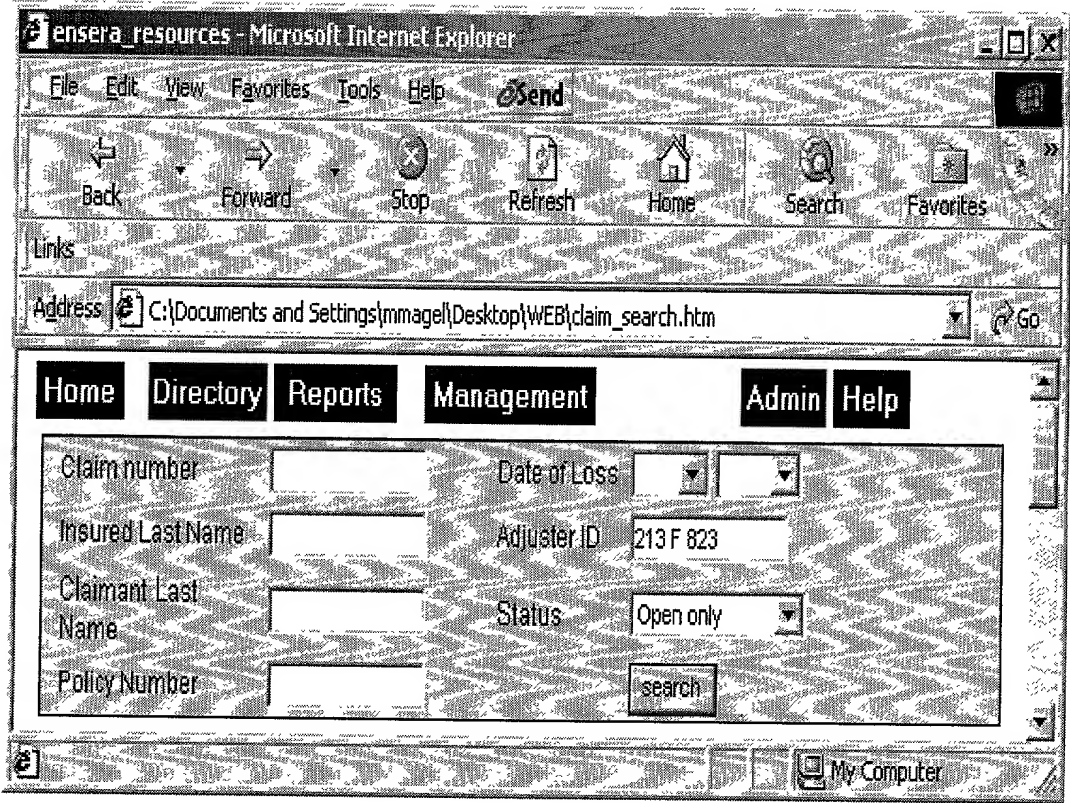


FIG. 25

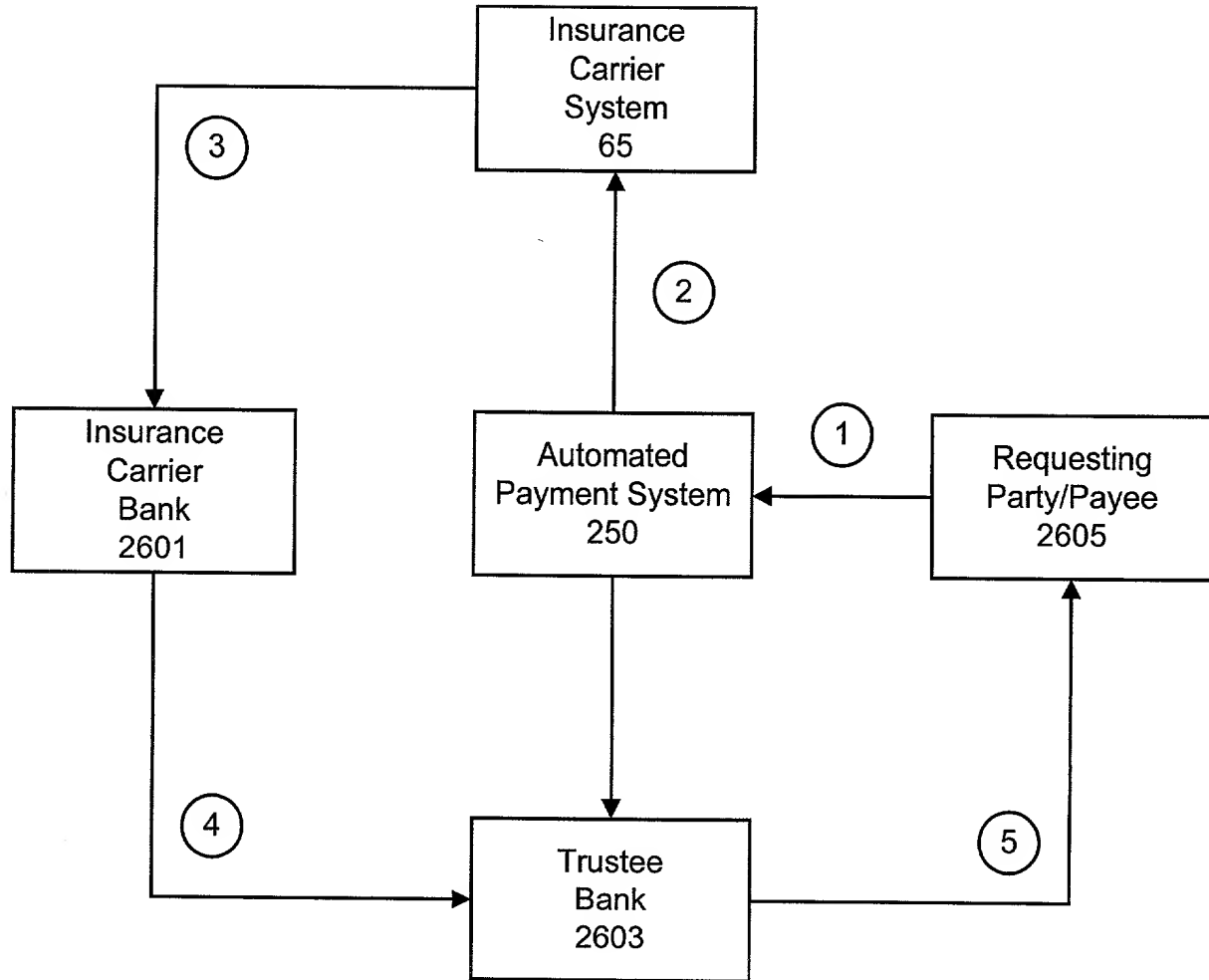


FIG. 26

250

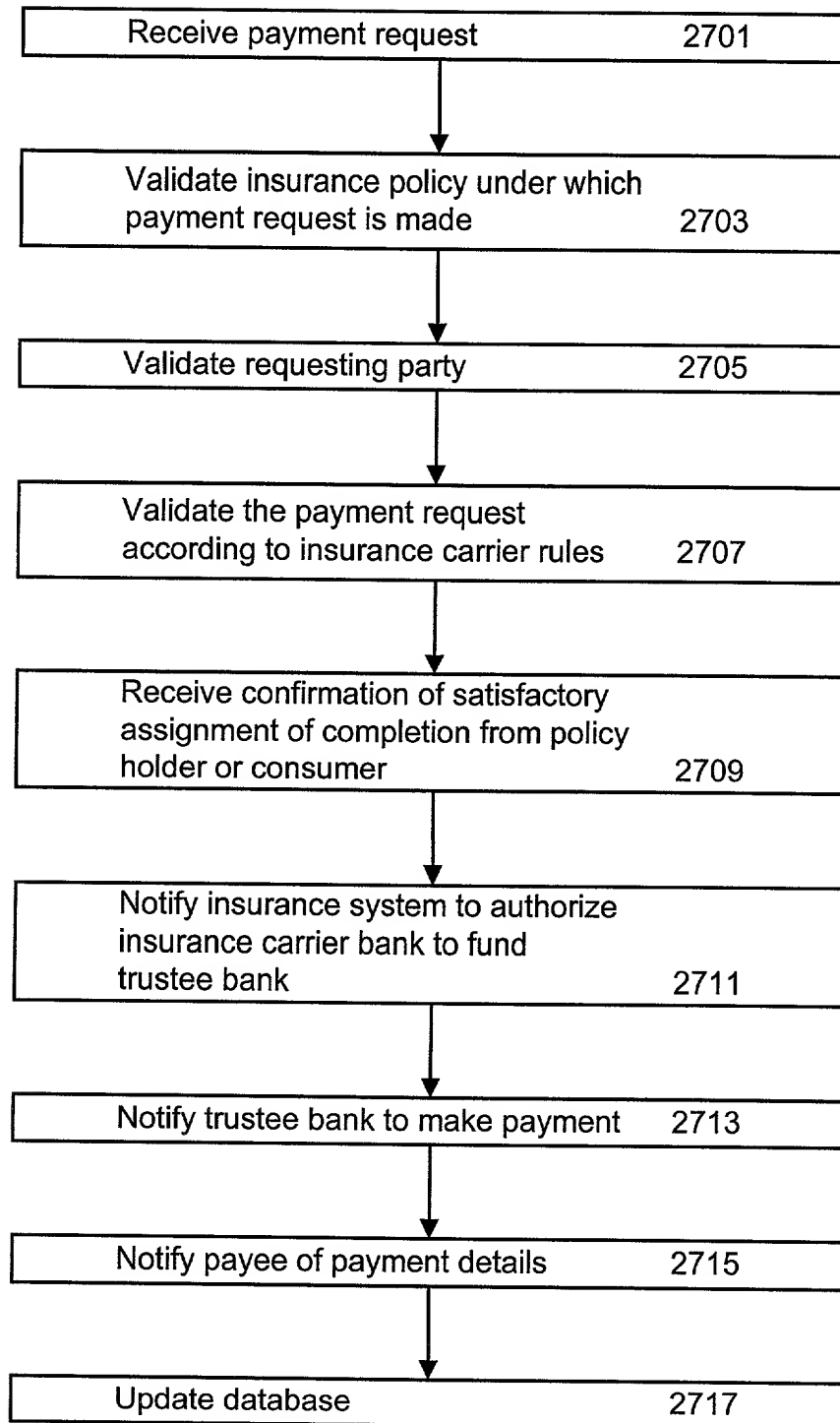


FIG. 27

Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help [Send]

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss

Links

Address Go

Desktop Directories Reports Admin Help

Available Reports

Data Range From To

Product	Report Name
DeskView	<input type="checkbox"/> Transaction Log
	<input type="checkbox"/> Overall Counts
	<input type="checkbox"/> Cycle time Report
Assignment	<input type="checkbox"/> Status Report
	<input type="checkbox"/> Transaction Log
	<input type="checkbox"/> Overall Counts
eClaim	<input type="checkbox"/> Cycle time Report
	<input type="checkbox"/> Status Report
	<input type="checkbox"/> Transaction Log
	<input type="checkbox"/> Overall Counts
	<input type="checkbox"/> Cycle time Report

Done My Computer

FIG. 28

FIG. 29

Microsoft Excel - Management Reports - Rev3														
File Edit View Insert Format Tools Data Window Help [Send]														
[Toolbar icons]														
[Status bar: Arial, 9, Bold, Italic, Underline, Paragraph, Spell, Grammar, Pronunciation, etc.]														
F8 New Claims (#)														
1 A B C														
2 Group Farmwide Mutual Insurance Group														
3 Company Farmwide Personal Auto														
4 Region/Zone All Regions														
5 Date Range 11/1/2000 - 12/1/2000														
7 GEOGRAPHICAL ANALYSIS														
8 Regions States														
10 Regional Summary														
11 Region 1														
12 Region 2														
13 Region 3														
14 Region 4														
15 Average														
16 Total														
17														
20 Region 1 - State Breakout														
21 California														
22 Oregon														
23 Nevada														
24 Washington														
25 Average														
26 Total														
27 Region 2 - State Breakout														
28 Assignee Report Summary 1														
Geographical Summary 1														
Vehicle Type Summary 1														
Trend A														
Ready														
[Status bar: Start, End, Zoom, etc.]														

FIG. 30

Microsoft Excel - tttttt SAMPLE DATABASE 12-1-00

File Edit View Insert Format Tools Data Window Help Send

Arial [font size] Bold Italic Underline Link Print Preview Prompt

G7	B	C	D	E	F	G	H	I	J
CLAIM #	STATE	COVERAGE	Zone	Region	Claims office	DESK Adjuster	Staff Appraiser	Policy Submitted	Time Submit
1	MO		5	Southwest	E	adjuster 200	appraiser 526	12/17/1999	12:00 PM
2	IL	hail	3	Midwest	D	adjuster 112	appraiser 58	12/17/1999	12:04 PM
3	IL	thefts	3	Midwest	D	adjuster 117	appraiser 59	12/17/1999	3:27 PM
4	IL	no other vehicle	3	Midwest	D	adjuster 112	appraiser 60	12/19/1999	3:59 PM
5	IL	bicyclist	3	Midwest	D	adjuster 111	appraiser 56	12/21/1999	11:29 AM
6	CA	other vehicle	1	West	B	Kate Ioby	Axle Rose	1/8/2000	4:25 PM
7	CA	no other vehicle	1	West	B	Tom Otto	Jimmy Page	1/10/2000	2:06 PM
8	CA	other vehicle	1	West	B	Susan Wen	Janis Joplin	1/10/2000	5:19 PM
9	CA	no other vehicle	1	West	B	Kate Ioby	Geraldine Hagar	1/10/2000	6:51 PM
10	CA	bicyclist	1	West	B	Tom Otto	Jenny Hifinger	1/11/2000	1:02 PM
11	CA	bicyclist	1	West	B	Susan Wen	Abe Lincoln	1/12/2000	3:47 PM
12	CA	no other vehicle	1	West	B	Kate Ioby	George Washington	1/13/2000	10:18 AM
13	WI	flood	3	Midwest	E	adjuster 300	appraiser 435	1/14/2000	6:43 AM
14	CA	bicyclist	1	West	B	Tom Otto	Thomas Jefferson	1/15/2000	12:26 PM
15	CA	no other vehicle	1	West	B	Susan Wen	Tim Wrend	1/15/2000	5:11 PM
16	CA	bicyclist	1	Southwest	E	adjuster 201	appraiser 527	1/18/2000	10:17 PM
17	MO	bicyclist	5	West	B	Tom Otto	Axle Rose	1/20/2000	12:57 PM
18	CA	no other vehicle	1	West	B	Susan Wen	Jimmy Page	1/20/2000	9:56 PM
19	CA	no other vehicle	1	West	B	Kate Ioby	Janis Joplin	1/24/2000	9:22 PM
20	CA	other vehicle	1	West	B	Tom Otto	Geraldine Hagar	1/25/2000	8:39 PM
21	CA	no other vehicle	1	West	B	adjuster 202	appraiser 528	1/27/2000	10:41 AM
22	MO	no other vehicle	5	Southwest	E	Susan Wen	Jenny Hifinger	1/27/2000	3:47 PM
23	CA	collision w/animals	1	West	B	Tom Otto	Abe Lincoln	1/29/2000	6:26 PM
24	CA	bicyclist	1	West	B	adjuster 201	appraiser 436	1/30/2000	2:13 AM
25	WI	collision w/animals	3	Midwest	F	adjuster 302	appraiser 435	2/2/2000	6:41 PM
26	WI	no other vehicle	3	Midwest	F	Susan Wen	George Washington	2/2/2000	11:13 PM
27	CA	collision w/animals	1	West	B				
28	CA								
29	CA								
30	CA								

Database / Sheet1 / Sheet2 / Sheet3 / Ready